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DATENI AFFLIUMIN	

Application or Docket Number 09836350

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PATENT APPLICATION Effecti	VO 00	2000	SMAL	LENTITY	OR	OTH SMAI	ER THAN	\ \ \
CLAIMS AS	(Column 1)	(Column 2)	TYPE		٦ ٦	RAT	E FE	
TOTAL CLAIMS	28	NUMBER EXTRA		C FEE 355.0	O OR		1 1/1	
FOR	NUMBER FILED 28 minus 20	-	XS	9=	OR	X\$1		7
TOTAL CHARGEABLE CLAIMS	2 minus 3		×	40=	OR	-		\neg
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM	PRESENT			135=	OR OR			54
numero in column 1	is less than zero, o	enter "0" in column 2		MALL ENTI		0	THER TH	HY
(Column 1		HIGHEST NUMBER PRESEN	٦٢	BATE TIO	DI- NAL EE	R	ATE TI	IDDI- ONAL FEE
REMAININ AFTER AMENDME	NT	PREVIOUSLY EXTRA	11	X\$ 9=		H	\$18=	<u> </u>
Total 9 0 Independent PRESENTATION C	Minus	3	$\exists I$	X40=)H	X80=	
Independent FIRST PRESENTATION C	OF MULTIPLE DEPE	NDENT CLAIM		+135= TOTAL ADDIT. FEE		L	+270= TOTAL DDIT. FEE	
(Colum CLAI	in 1)	(Column 2) (Column 2) HIGHEST PRES	nn 3)		ADDI- TIONAL	Ī	RATE	ADD TION FE
REMAIL	NING ER	PREVIOUSLY EXT		X\$ 9=	FEE	OR	X\$18=	
AMEND Total	Minus	. =		X40=		OR	X80=	1_
112	Minus	***	7			1	I	1

0		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total Independent	· v	AMENDMENT	Minus	**	=
		<u> </u>	Minus		1=
	Independent	1.	ALII TIPLE DE	PENDENT CLAIR	4
II _≤	FIRST PRES	ENTATION OF N			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

**The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

OR

+135=

TOTAL

+270=

OR ADDIT. FEE

FORM PTO-875 (Rev B/00)